

# VSH Governing Body Meeting Minutes

September 19, 2007, 1:30 pm

Medical Director's office

<b>Type of meeting:</b>	Oversight
<b>Facilitator:</b>	Michael Hartman, MH Commissioner
<b>Note taker:</b>	Denise McCarty
<b>Governing Body Members:</b>	Dr. William McMains; Beth Tanzman, Deputy Commissioner of Mental Health (late arrival); Patrick Flood (Designee for Secretary Cindy LaWare)(late arrival); Terry Rowe, Tom Simpatico
<b>Attendees:</b>	Wendy Beinner, Jessica Oski, Scott Perry Public: Anne Donahue

**AGENDA TOPICS:** UPDATE FROM MICHAEL HARTMAN; EXECUTIVE DIRECTOR'S REPORT, QUALITY ASSURANCE REPORT; MEDICAL DIRECTOR'S REPORT, OTHER BUSINESS, PUBLIC COMMENT.

Due to no quorum at the beginning of the meeting, Updates were given.

**Governing Body Membership** – Michael Hartman indicated that two applications were sent out to two Governing Body committee nominees. Only one of the nominees returned their application. This application will be sent over to Governor Douglas's office for consideration and approval.

**Treatment Review Panel** – Terry Rowe will be attending the Treatment Review Panel meeting tomorrow, 9/20 at 3pm in the Medical Director's office, TR has a tentative agenda for that meeting if anyone wants to review it or have a copy of it. Wanda Cosman is a nurse who was newly appointed to be on this committee. A consumer was supposed to meet with Terry to discuss filling the consumer representative membership but due to some misunderstanding she failed to attend.

**Seclusion and Restraint Grant** – VSH has been awarded a Seclusion and Restraint Grant, \$213,000 for 3 years. There will be two positions, one at the Brattleboro Retreat and one position at the Vermont State Hospital, the VSH position will oversee both positions work. The Brattleboro Retreat position will have a children's component to its work. Both positions will provide a strategy to address the area of seclusion and restraint. Funding will be released as joint fiscal approval is given.

**Executive Director's Report** – The Department of Justice will be visiting the hospital on October 1-4 to do a full survey. Dr. El-Sabawi and Dr. Geller will be here as well as Bill Maddox, DOJ attorney.

TR will be attending a seminar in Phoenix, Arizona Monday and Tuesday of next week about building better boards, strategies, and performance. Quantros software - will go live next week which will allow a more streamlined and improved ability to enter and track events and patient data as well as a systematic way to notify managers and quality assurance of events, etc.

(End of Executive Director's Report)

#### **Therapeutic and Rehabilitative Services Presentation with Patrick Kinner, TRS Director –**

Patrick gave an update on the Treatment Mall at VSH (handouts of his information are available). Treatment malls are popular throughout the country. This is centralized off-unit programming to separate patients' residential life from their therapeutic recovery. We currently have 20 to 25 patients in the Treatment Mall. In addition, we have 20 hours of on-unit programming for patients that do not want to go off the unit.

Patrick is overseeing a patient advisory committee to identify and get direct feed back of what the patients like, what they don't like, what they want to see in the Treatment Mall.

The first week of November, there will be two representatives from Dorothea Dix Hospital, Raleigh, NC who will be visiting VSH to review our current treatment mall and make recommendations.

Future plans for the Treatment Mall – in the next 3 to 6 months, the treatment mall will include more disciplines, psychology will get more involved in the programming, there will be a master level staff person in the Therapeutic Department, expanded substance abuse groups. Patrick will be hiring a Volunteer Services Coordinator and pursuing a UVM Counselor internship program. The VSH position will be a Volunteer Services Coordinator position and will have a broad spectrum of work that is community related.

Dr. McMains commended Patrick on his work to have meaningful groups and therapeutic advancements that VSH has not had in years. He expressed that this would give great opportunities to change patient's lifestyles so when they get out into the community they are living more healthy lives. He asked how we would develop other peer run groups. In addition, he has received feedback in the past from patients that the Lieberman modules repeat the same things over and over again and concerns of the use of videos for patients recovery and that they are just placed in front of a video to watch. Also, patients who have been here for a long period of time have repetitious programming versus VSH patients who are here for a shorter period of time, and how can we balance these two populations without compromising meaningful recovery programming for both groups. Discussion followed.

#### **Quality Assurance (with Scott Perry) -**

Scott Perry reviewed patient injuries data (see handout for more detailed information regarding the statistics below).

Patient injury - During August, 51 Patient Event/Injury reports were submitted, 17 of these were reports of injury or illness.

16 reports of injury were considered minor, and one was moderately severe but was an illness rather than an injury.

Employee injury - During August, 33 Employee Event reports were submitted and 30 were reports of injury. 29 of the injuries were considered minor, and one was of moderate severity.

Variance Reports - During August, 68 Variance Reports were filed.

Patient Grievances – During August, 12 Patient Grievances were submitted and investigated, and responses were provided to the patients involved.

(End of Quality Management Report)

The Committee discussed a particular grievance about the privacy screens and use of toilets. Discussed followed.

#### **Other Business-**

**Levels of Observation Policy** – This policy was presented to the committee as an interim policy and will be implemented as of tomorrow (9/20). Jessica Oski reviewed and explained the changes to this policy (Draft 2.0) and why it has been made an interim policy. This policy will be put on the October Governing Body meeting agenda but prior to approval of this policy in October, the Governing Body members will be sent copies of the public comments that have been received regarding this policy.

#### **Credentialing –**

**Dr. Keith Berner** – He is a UVM Psychiatry resident and will do his rotation at Vermont State Hospital.

**Dr. Michael Kelley** – He will work at VSH an average of 10 hours per week performing general medical cases as well as attending to patients physicals. He is available to start today.

**Conclusion:** The credentialing of Dr. Berner and Dr. Kelley were approved.

**Action:** WM motioned to accept Dr. Berner and Dr. Kelley's credentialing. BT seconded the motion with the provision that the last letter of recommendation for Dr. Berner was received in good standing. All in favor, motion passed unanimously.

**Person Responsible:** WM and BT

**Due Date:** N/A

**Discussed: Medical Director's Report**

We had an interactive demonstration for a Pharmacy Software system and there will be a recommendation to Commissioner Hartman on Monday, 9/24.

This new system will help track medication errors, it can even scan wrist bands with bar codes to double check that the patient is being administered the correct medication.

(End of Medical Director's Report)

**Discussed:** The August meeting minutes were reviewed. William McMains motioned to accept the minutes; Beth Tanzman seconded the motion; All in favor; Minutes were approved.

**Conclusion:** 8/15/07 minutes were approved.

**Action:** WM motioned to accept the minutes; BT seconded the motion; motion was approved.

**Person Responsible:** WM and BT

**Due Date:**N/A

**Public Comment:** AD had concerns about not having up-to-date versions of policies being posted on the website, she complimented the treatment groups that were being provided but that she still had concerns with smoking cessation groups not being a priority, outdoor access concerns, grievances that were not mentioned, concerns about the policy to take down privacy screens when patients are toileting and showering. TR clarified that this effects patients who have bathrooms in their rooms not radical changes to unit bathrooms.

The meeting adjourned at 3:30 pm. The next meeting will be on **October 17, 2007 at 1:30 pm.**

Respectfully submitted,

Denise McCarty  
Minute Taker